

Worker's Compensation Questionnaire - Employer

Claimant Information:

Last Name: _____ First Name: _____ MI: _____ SSN: _____
Employer Name: _____ Employer Account #: _____

Under Section 606 of the Illinois Unemployment Insurance Act, an individual shall be ineligible for benefits for any week with respect to which he/she is receiving or has received payment for temporary disability under the Workers' Compensation Act. Please provide information regarding this payment. The information you provide will be used for the purpose of determining the claimant's eligibility for benefits.

Please complete, sign and return this document to the Illinois Department of Employment Security Office as instructed. *If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.*

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

Section A: Workers' Compensation Information

Did the claimant incur an injury arising out of and during the course of his/her employment? Yes No

Is the claimant receiving compensation under any Workers' Compensation Act? Yes No

What type of workers' compensation payments is the claimant receiving or entitled to receive? (Select one)

Temporary Disability (You must answer remaining questions)

Permanent Partial Disability

Permanent Total Disability

Lump Sum Payment

Other: (Please Explain)

If you did not select 'Temporary Disability', please skip to Section B, no further questions are required.

When did the claimant begin receiving workers' compensation? / /

What is the weekly workers' compensation amount received? \$

When will workers' compensation discontinue?

Section B: Signature

Signature: _____ Date: _____

Name (printed): _____ Telephone Number: _____

Title: _____ Ext: _____